

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/18/2011	
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM				STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN47438			
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F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: April 12, 13, 14, 15, &amp; 18, 2011</p> <p>Facility Number: 000200 Provider Number: 155303 AIM Number: 100367980</p> <p>Survey Team: Mary Weyls RN TC Laura Brashear RN (April 12 and 13, 2011) Teresa Buske RN</p> <p>Census Bed Type: SNF/NF: 54 Total: 54</p> <p>Census by Payor Source: Medicare: 6 Medicaid: 38 Other: 10 Total: 54</p> <p>Sample: 14</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323  SS=D	<p>Quality review 4/25/11 by Suzanne Williams, RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident environment remained free of accident hazards, in that staff failed to follow manufacturer's guidelines for the magnetic clip personal alarms used for the prevention of falls, for 2 of 3 residents observed utilizing a magnetic clip personal alarms in a sample of 14. (Resident # 11, Resident #44)</p> <p>Findings include:</p> <p>1. On 4/13/11 at 10:50 a.m., Resident # 11 was observed to be sitting in a personal recliner with a magnetic clip personal alarm applied. The alarm box was observed to be sitting on the arm of the chair unsecured. On 4/14/11 at 2:05 p.m., the resident was observed to be sitting in her personal recliner with a magnetic clip personal alarm applied. The alarm box was observed to be on top of the cushions above the resident's head, unsecured. On 4/15/11 at 10:50 a.m., the resident was observed to be sitting in her personal recliner with a magnetic clip personal alarm applied. The alarm box was</p>			F0323	<p>Credible allegation of Compliance And Correction</p> <p>Submission of this plan of correction shall not constitute or be construed as an admission by The Evangelical Lutheran Good Samaritan Society, Shakamak Retirement Community that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Retirement Community.</p> <p><b>What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p>F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>Resident #44, the clip alarm was secured immediately by the DNS</p> <p>Resident #11, the alarm was changed to a pressure pad alarm which did not require same guideline for securing.</p> <p><b>How other resident having the potential to be affected by the</b></p>		04/29/2011

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	<p>observed to be on top of the cushions above the resident's head, unsecured.</p> <p>Review of the clinical record of Resident #11 on 4/14/11 at 2:15 p.m. indicated the resident had a history of falls with the most recent fall on 12/22/10 from the recliner. The resident's current plan of care addressed the problem of risk for injury related to osteoporosis, arthritis, unsteady dated 8/25/10, with approaches that included, but were not limited to, alarm clip to bed and chair.</p>				<p><b>same deficient practice will be identified and what corrective faction (s) will be taken:</b></p> <p>All residents have the potential to be affected by such deficient practice. In an effort to identify any concerns the DNS on 4/15/11 did a visual check on all clip alarmed residents to ensure compliance with manufactures guidelines. Charge nurses were also instructed to ensure proper alarm usage. All staff were in-serviced in the necessity to attach the alarm box per the manufacturers guidelines. This in service was completed by 4/29/11.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>The DNS will conduct an audit of resident chairs to identify chairs that do not have a way to attach the alarm per the manufactures guidelines. DNS or her designee will create an attachment point to secure the alarm box per the manufactures guidelines. As per inservice all staff was instructed to notify the charge nurse if any unsecured alarms are found. The charge nurse shall be responsible to audit for placement of alarms per manufactures guidelines 4 times per shift for 2 weeks, then 2 times per shift for 2 weeks, and then once per shift on going. Any non-compliance will be brought to the immediate attention of the DNS and could be</p>		

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SS=D	<p>2. Resident #44's clinical record was reviewed on 4/14/11 at 2 p.m.</p> <p>A current plan of care was noted, dated 3/31/11, identifying "Risk for injury R/T [related to] decreased strength HX [history of falls] Osteoporosis Parkinsons." An intervention was noted of, but not limited to, bed and chair alarms.</p> <p>Resident #44 was observed on 4/14/11 at 2 p.m., sitting in a recliner in the west lounge. A clip alarm was attached to the resident. The alarm box was not attached, but was sitting on the top of the recliner. On 4/15/11 at 10:05 a.m., resident #44 was sitting in a recliner in the west lounge area. A clip alarm was attached to the resident. The alarm box was not attached,</p>			<p>subject to corrective action.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>As a means of quality assurance a summary of the DNS ( or designees) audit of ongoing compliance shall be reported to the Quality Assurance Committee for review on a monthly basis.</p> <p>Completion Date: 4/29/11 Credible allegation of Compliance And Correction</p> <p>Submission of this plan of correction shall not constitute or be construed as an admission by The Evangelical Lutheran Good Samaritan Society, Shakamak Retirement Community that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Retirement Community.</p> <p><b>What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p>F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>Resident #44, the clip alarm was secured immediately by the DNS</p>		04/29/2011	

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	<p>and was sitting on the arm of the recliner.</p> <p>The manufacturer's recommendation, titled "Personal Sentry Patient Protector with Safety-Klip," was received on 4/15/11 at 4:55 p.m. from the DON (Director of Nursing). The information indicated the alarm has a metal mounting clip on the back of the unit.</p> <p>During interview of the DON on 4/15/11 at 4:55 p.m., the DON indicated the alarm box should have been secure causing the alarm to detach as soon as the resident attempted to get up.</p> <p>3.1-45(a)(2)</p>				<p>Resident #11, the alarm was changed to a pressure pad alarm which did not require same guideline for securing.</p> <p><b>How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken:</b></p> <p>All residents have the potential to be affected by such deficient practice. In an effort to identify any concerns the DNS on 4/15/11 did a visual check on all clip alarmed residents to ensure compliance with manufacturers guidelines. Charge nurses were also instructed to ensure proper alarm usage. All staff were in-serviced in the necessity to attach the alarm box per the manufacturers guidelines. This in service was completed by 4/29/11.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>The DNS will conduct an audit of resident chairs to identify chairs that do not have a way to attach the alarm per the manufacturers guidelines. DNS or her designee will create an attachment point to secure the alarm box per the manufacturers guidelines. As per inservice all staff was instructed to notify the charge nurse if any unsecured alarms are found.</p>		

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F0334	<p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes</p>				<p>The charge nurse shall be responsible to audit for placement of alarms per manufactures guidelines 4 times per shift for 2 weeks, then 2 times per shift for 2 weeks, and then once per shift on going. Any non-compliance will be brought to the immediate attention of the DNS and could be subject to corrective action.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>As a means of quality assurance a summary of the DNS ( or designees) audit of ongoing compliance shall be reported to the Quality Assurance Committee for review on a monthly basis.</p> <p>Completion Date: 4/29/11</p>		

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	<p>documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically</p>						

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SS=B	<p>contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>Based on record review and interview, the facility failed to ensure each resident's medical record included documentation that the resident or resident's legal representative were provided the benefits and potential side effects of the influenza and/or pneumococcal immunizations for 4 of 14 residents identified receiving or offered the influenza and/or pneumococcal immunizations in a sample of 14. (Resident #18, Resident # 25, Resident # 44, Resident #55 )</p> <p>Findings include:</p> <p>1. Review of the clinical record of Resident #18 on 4/15/11 at 11:05 a.m. indicated the resident received the influenza immunization on 10/27/10. Documentation of the resident's legal representative being made aware of the benefits and potential side effects of the influenza immunization was lacking.</p> <p>Interview of RN #3 on 4/18/11 at 10:55 a.m. indicated documentation of the resident's legal representative being made aware of the benefits and potential side effects of the influenza immunization was lacking. The RN indicated information regarding the influenza immunization was</p>			F0334	<p>Credible allegation of Compliance And Correction:</p> <p>Submission of this plan of correction shall not constitute or be construed as an admission by The Evangelical Lutheran Good Samaritan Society, Shakamak Retirement Community that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Retirement Community.</p> <p>F334 Influenza and Pneumococcal immunizations:</p> <p><b>What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p>Resident # 44 legal representative was provided education on 4/29/11 and received the pneumococcal immunization. Resident # 44 legal representative will receive education on annual flu immunization by 10/2010.</p> <p>Resident #55 (per the 2567, I think is resident #53 per the numbered roster as indicated by the fact that this resident was a truck driver) legal representative provided education on 4/29/11 and received the pneumococcal immunization.</p>		04/29/2011



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	<p>sent to the legal representative in September of 2010.</p> <p>2. Review of the clinical record of Resident #25 on 4/13/11 at 11:30 a.m. indicated the resident received the influenza immunization on 12/6/10. Documentation of the resident's legal representative being made aware of the benefits and potential side effects of the influenza immunization was lacking.</p> <p>Interview of RN #3 on 4/18/11 at 10:55 a.m. indicated documentation of the resident's legal representative being made aware of the benefits and potential side effects of the influenza immunization was lacking. The RN indicated information regarding the influenza immunization was sent to the legal representative in September of 2010.</p>				<p>Resident # 18 legal representative will be provided education prior to annual flu immunization by 10/2011.</p> <p>Resident # 25 legal representative will be provided education prior to annual flu immunization by 10/2011.</p> <p><b>How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken:</b></p> <p>All residents have the potential to be affected. All residents will receive annual flu and pneumococcal vaccine education. No negative outcomes noted due to the deficient practice.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>RN/LPN will provide annual flu/pneumonia vaccine education prior to giving immunizations. Residents refusing vaccines in the past will be given education and given the opportunity to accept or refuse the immunization on an annual basis.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>HIM Director will report audits to</p>		

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SS=B	<p>3. Resident #44's clinical record was reviewed on 4/14/11 at 2 p.m.</p> <p>An admission date of 1/30/11 was noted.</p> <p>Documentation to indicate resident #44 received and/or was offered an influenza and/or pneumonia vaccine was lacking.</p> <p>Documentation to indicate that the resident or legal representative had received education regarding benefits and potential side effects of vaccination was lacking.</p> <p>During interview of the DON (Director of Nursing) on 4/18/11 at 2:45 p.m., the DON indicated the resident's wife had been approached concerning the vaccinations, and the wife was unsure if the resident had received the vaccines. The DON indicated the wife had not</p>				<p>QA committee annually every November on all residents flu/pneumonia vaccine statuses. This will include monitoring that education was given prior to vaccination and that those who previously had refused received education and were given the opportunity to accept or refuse again. If not 100% compliant QA committee will make further recommendations.</p> <p>Completion Date: 4/29/11 Credible allegation of Compliance And Correction:</p> <p>Submission of this plan of correction shall not constitute or be construed as an admission by The Evangelical Lutheran Good Samaritan Society, Shakamak Retirement Community that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Retirement Community.</p> <p>F334 Influenza and Pneumococcal immunizations:</p> <p><b>What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p>Resident # 44 legal representative was provided education on 4/29/11 and received the pneumococcal immunization. Resident # 44 legal</p>		04/29/2011

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	<p>provided that information.</p> <p>4. Resident #55's clinical record was reviewed on 4/18/11 at 11:55 a.m.</p> <p>An admission date was noted of, 10/15/10.</p> <p>Documentation indicated the resident received a influenza vaccine on 10/27/10</p> <p>Documentation concerning whether the resident had received a pneumococcal vaccination was lacking.</p> <p>During interview of the DON on 4/18/11 at 2:45 p.m., the DON indicated the resident's family had been contacted and they were not sure if the resident had ever received a pneumococcal vaccination. The family indicated the resident had been a truck driver and was on the road a lot. The DON indicated the family was going to look into it.</p> <p>The facility policy, identified as prior issue date of January 2007 and the effective date of December 2010, titled "Immunization Record" was received on 4/8/11 at 4:25 p.m. from RN#3.</p> <p>The policy indicated documentation will indicate that the resident and or legal representative has received education</p>				<p>representative will receive education on annual flu immunization by 10/2010.</p> <p>Resident #55 (per the 2567, I think is resident #53 per the numbered roster as indicated by the fact that this resident was a truck driver) legal representative provided education on 4/29/11 and received the pneumococcal immunization.</p> <p>Resident # 18 legal representative will be provided education prior to annual flu immunization by 10/2011.</p> <p>Resident # 25 legal representative will be provided education prior to annual flu immunization by 10/2011.</p> <p><b>How other resident having the potential to be affected by the same deficient practice will be identified and what corrective faction (s) will be taken:</b></p> <p>All residents have the potential to be affected. All residents will receive annual flu and pneumococcal vaccine education. No negative outcomes noted due to the deficient practice.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>RN/LPN will provide annual flu/pneumonia vaccine education prior to giving immunizations. Residents refusing vaccines in the</p>		

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	regarding benefits and potential side effects of the vaccinations.  3.1-13(a)				past will be given education and given the opportunity to accept or refuse the immunization on an annual basis.  <b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b>  HIM Director will report audits to QA committee annually every November on all residents flu/pneumonia vaccine statuses. This will include monitoring that education was given prior to vaccination and that those who previously had refused received education and were given the opportunity to accept or refuse again. If not 100% compliant QA committee will make further recommendations.  Completion Date: 4/29/11		